STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS RECEIVED

(RSA Chapter 15)

PLEASE PRINT

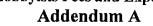
APR 17 2017

I. Name of Lobbyist(s) Michelle Sanborn	NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation)	
102 / de . U . M 1 - 1 - 1/4 0222	2-6-617
Husiness Address: (Street) Hrs. Alexandria NH 0322 (Town/City)	State) (Zip Code)
(603) <u>524 - 2468</u> () e-mai	Michelle @celdf.org
III. This statement covers: (Choose one – file separate reports for each client reportable expense transactions which are not attributable to any one client)	
☐ All reportable transactions occurring in the months prior to the reporting date	relative to the following client:
(Full Name of Client as it appears on the Lobbyist Registration	Defense Fund
OR ☐ All reportable transactions by the lobbyist (including the lobbyist's family), or unrelated to any particular client.	the lobbying firm listed below which are
IV. Date of Report April 26, 2017 July 26, 2 Reports cover: activity from date of registration to 3/31/17 activity from 4/1.	
	24, 2018
V. There have been no fees received and no reportable transactions m If this box is checked, complete just this form and submit it to the Secretary of Sta Concord, NH 03301.	
VI, Check if additional reports are attached:	
If you have received fees or made expenditures, you must file Addendum A-	
Li If you have paid an honorarium or reimbursed expenses, you must file Adder Expense Reimbursement	ndum B- Report of Honorariums or
☐ If you, your firm, or your family has made political contributions, you must f	ile Addendum C— Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or aff and complete to the best of my knowledge and belief.	irm that the foregoing information is true
Andrew Solon	13/17
(Signature of lobbyist)	(Date)
Michalle Saubon (Signature of lobbyist) Michalle Saubin	
(Print Name of lobhvist)	

E A S E R N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses



(RSA Chapter 15:6)

1		
I. Name of Lobbyist(s) Michille Santon		
II. Name of lobbyist's partnership, firm or corporation, if any:		
(Name of partnership, firm or corporation)		
III. Name of Client CELDF	Date	
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services	
a) Total of all fees received in this reporting period	a)\$219-	
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ear)	
c) Total of all fees received to date (Add lines a and b)	0)\$ 219-	
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid expenses; (b) the aggregate total of all ele: meals purchased during a business st than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a ter than \$25, but not greater than \$50, expense reimbursement, or politica	
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.b) Total aggregate of expenditures during this reporting period, not reported	a) \$	
in a), of \$25 or less.	b)\$	
c) Total of all itemized expenditures reported in detail in section VI.	c)\$	

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
Middle Sandore (Signature of lobbyist) Middle Sandore	4/13/17 (Date)
(Print Name of lobbyist)	